australian healthcare &
hospitals association

Submission to the

Independent Hospital Pricing Authority

6 April 2020

Introduction

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to provide this submission to the Independent Hospital Pricing Authority (IHPA) on its *Draft Work Program 2020-21*.

AHHA appreciates that some of the deliverables in this Work Program will likely need to be reviewed and adjusted following the COVID-19 pandemic. The responses are provided as general feedback and support to IHPA in the work it delivers.

AHHA is Australia's national peak body for public hospitals and health care providers. Our membership includes state health departments, Local Hospital Networks and public hospitals, Primary Health Networks, community health services, primary healthcare providers, universities, and individual health professionals and academics. We are uniquely placed to be an independent, national voice for universal high quality healthcare to benefit the whole community.

Submission

AHHA responses to selected deliverables in the draft Work Program are detailed below. Specifically, AHHA notes some urgency required around specific deliverables to enable system level changes that support value-based health care and other health system priorities. AHHA supports a value-based approach to health care that puts patient outcomes and experience at the centre of their care, while continuing to work towards greater efficiency and an equitable health system.

Strategic Objective 2 (i) - Incorporating New Technology in Patient Classification Systems

AHHA supports the objective to review how new health technologies are currently assessed and encourages IHPA to consider including an assessment of 'value' in the New Health Technology Framework. This could be done by broadening and clarifying the scope of data considered as evidence, including patient reported outcomes and experiences, as well as greater consultation with clinicians that are using the technology.

AHHA has been consulting with the Prince Charles Hospital, Brisbane, and Metro North Hospital and Health Service (HHS) in Queensland to learn more about the impacts of robotic surgery and the implementation of robotic technology more widely in the public hospital system. AHHA consulted with surgeons using the technology and the Metro North HHS robotics committee that has been established as a centre of excellence in this field. AHHA noted that the IHPA Impact of New Health Technology Framework is not clear about which data is used to support decisions about incorporating new technologies such as robotic surgery into the acute care classification system and which clinicians are consulted as part of this process.

For instance, in the case of robotic surgery at the Prince Charles Hospital, those surgeons using the robot keep their own data to enable like-for-like comparisons between patients. This data is

provided to the robotics committee that maintains its own detailed registry that also includes patient reported outcome measures.

AHHA suggests that different clinicians or experts, such as the Metro North HHS robotics committee, may have a unique insight and understanding of some newer technologies and should be consulted as part of the New Health Technology Framework process where possible. This will ensure that innovative technologies that can demonstrate 'value' are identified earlier and incorporated into the public hospital system and healthcare practices. This would also assist in providing a more equitable public hospital system by providing access to new technologies more quickly and to those patients who need them most.

Strategic Objective 4 (d) - Individual Healthcare Identifier (IHI)

AHHA supports the inclusion of the IHI as part of national data sets (with suitable patient privacy protections) and encourages states and territories to expedite efforts to remove barriers to providing IHIs as a matter of urgency. Acknowledging that the data might not be complete or 100% accurate, lessons from many organisations that have implemented a successful value-based or integrated care approach (such as NHS Wales[1], NHS England[2] and Canterbury District Health[3]) demonstrate that the data does not need to be perfect and this should not be a barrier to starting the project. Being able to track a patient's journey from the initial primary care consultation through to hospital and rehabilitation is vital for a value-based health care system. While AHHA is aware that states and territories are implementing plans to track patient data at a state level, a number of national level projects require a consistent approach such as being able to track and monitor avoidable hospital readmissions, a new Australian non-admitted patient classification and to enable bundled pricing to be developed for specific conditions such a renal or stroke.

AHHA notes that most states and territories in their response to the Consultation Paper on the *Pricing Framework 2020-21*[4] specify that IT infrastructure and data governance is the reason that the IHI cannot currently be provided. However, AHHA also notes that most states and territories also support the work of avoidable readmissions as well as bundled pricing approaches. Given the achievements undertaken during the response to COVID-19 that saw many IT based projects turned around in a matter of weeks, if not days, AHHA believes that the barriers to collecting and using the IHI are not insurmountable and that including the IHI in national minimum data sets can and should be achieved as a matter of priority.

Strategic Objective 4(h) - Promoting Access to the National Benchmarking Portal

AHHA supports IHPA in promoting access to public hospital data and the expansion of access to the National Benchmarking Portal. Researchers and policy makers should have access to this data as well

---

[1] AHHA webinar *VBHC - Meeting the Evolving Needs of the Population*, Dr Sally Lewis, National Clinical Lead for Value-Based and Prudent Healthcare, NHS Wales, https://www.youtube.com/watch?v=G3203vW-MI0&feature=emb_title viewed 01/04/2020.

[2] 5th International Health Care Reform Conference 2020.

[3] 5th International Health Care Reform Conference 2020.

[4] IHPA Consultation Paper on the Pricing Framework for Australian Public Hospital Services 2020-21 https://www.ihpa.gov.au/consultation/past-consultations/consultation-paper-pricing-framework-australian-public-hospital-services-2020-21- viewed 02/04/2020.

the voice of public healthcare

as hospitals as evidence-based research is vital to support identification of low-value health care, variation of costs for services across hospitals, hospital acquired complication rates and avoidable hospitals re-admissions, all of which are vital in the measurement of both patient outcomes and measurement of cost.

AHHA also supports the proposal by IHPA to publish more Activity Based Funding/Costing related analyses as this would benefit ongoing work to develop and evaluate value-based health care policy and assist in creating a valuable resource to guide Australian policy makers and health service managers.

Strategic Objective 6(c) - ABF Conference 2021

AHHA notes that IHPA is planning to run its ABF Conference in May 2021 and looks forward to participating. AHHA is running a conference specifically on value-based health care in March 2021 and will be launching the inaugural Australian Value-Based Health Care Awards. As part of its Work Program, AHHA encourages IHPA to nominate for an award any potential case studies that may be highlighted during its organisation of the ABF2021 conference.

Contact:
Alison Verhoeven
Chief Executive
Australian Healthcare and Hospitals Association
T: 02 6162 0780 | F: 02 6162 0779 | M: : 0403 282 501
Post: PO Box 78, Deakin West, ACT 2600
Location: Unit 8, 2 Phipps Close, Deakin, ACT
E: averhoeven@ahha.com.au
W: www.ahha.asn.au